CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

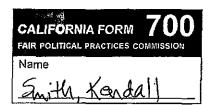
RECEITATEMENT OF ECONOMIC INTERESTS



APR - 1 2011

COVER PAGE SUSAN M. RANOCHAK 新 9:43 Please type or print in ink. NAME OF FILER (LAST) (FIRST) 1. Office, Agency, or Court Agency Name Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. Secattached) Position: 2. Jurisdiction of Office (Check at least one box) ☐ State Judge (Statewide Jurisdiction) County of Mendocin Multi-County ___ City of _ Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left ___ 2010. (Check one) O The period covered is January 1, 2010, through the date of The period covered is _____/____, through December 31, leaving office. 2010. O The period covered is ____ through the date Assuming Office: Date ___ of leaving office. Candidate: Election Year Office sought, if different than Part 1: _ 4. Schedule Summary Check applicable schedules or "None." ► Total number of pages including this cover page: 1 Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached ☐ Schedule A-2 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this I certify under penalty of perjury under the laws of the State of California ti Date Signed _ Signa

SCHEDULE D Income - Gifts



NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
7350 Five crest Art.	The state (Basinese Adalast Alestylasis)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sebastopol 95472	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
6,25,10 ,320 restinations	\$
	\$
\$	
► NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
\$	\$
Comments:	

CALIFORNIA FORM 700 - FAIR POLITICAL PRACTICES COMMISSION

Kendall Smith

Attachment: Multiple Positions List

Filing includes the following additional positions:

- Redevelopment Agency of the County of Mendocino
- Mendocino County Public Facilities Corporation
- Mendocino County Air Quality Management District
- Mendocino County Water Agency
- Mendocino County Library District
- IHSS Public Authority Governing Board
- North Coast Air Basin Control Council
- Juvenile Justice Coordinating Council
- Domestic Violence Council
- California State Association of Counties Alternate
- Caspar Transfer Station Coordinating Committee
- CSAC Coastal Counties
- Demonstration State Forest Advisory Group
- Local Government Commission
- Mendocino Council of Governments (MCOG)
- NACo (National Association of Counties)
- North Coast Integrated Regional Water Management Plan Policy/Review Panel
- North Coast Local Agency Coastal Coordination Committee (MLPA/MOU)
- Retirement Board